

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE**

**SOCIAL SERVICE WORKER
CERTIFIED SOCIAL WORKER
CLINICAL SOCIAL WORKER**

DOPL-AP-074 REV 11/20/2000

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. If you are applying for licensure as a social service worker (SSW), submit the following documents and fees.
 - ☐ An original copy of your transcript documenting completion of the educational requirements.
 - ☐ A "Verification of Supervised Experience For Licensure As A Social Service Worker" form, if required.

This form is not required if you have earned a degree from a CSWE accredited social work program, or have a masters degree in social work, marriage and family therapy, professional counseling, or psychology.

- ❑ A copy of the original score report from the testing agency documenting your passing score on the ASWB Basic Examination.

If you passed the ASWB Basic Examination in another state, use the **A**Request For Verification of License@form to document your passing scores.

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

- ❑ A copy of the original letter from Experiior documenting your passing score on the Utah Social Work Law, Rules and Ethics Examination.
- ❑ Submit the \$75.00 non-refundable application processing fee for a social service worker license.

2. If you are applying for licensure as a certified social worker (CSW), submit the following documents and fees.

- ❑ An original copy of your transcripts documenting completion of the education requirements.
- ❑ A copy of the original score report from the testing agency documenting your passing score on the ASWB Intermediate, Advanced or Clinical Examination.

If you passed the ASWB Intermediate, Advanced or Clinical Examination in another state, use the **A**Request For Verification of License@form to document your passing scores.

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

- ❑ A copy of the original letter from Experiior documenting your passing score on the Utah Social Work Law, Rules and Ethics Examination.
- ❑ Submit the \$75.00 non-refundable application processing fee for a certified social worker license.

3. If you are applying for licensure as a clinical social worker (LCSW), submit the following documents and fees.

- ❑ An original copy of your transcripts documenting completion of the education requirements.

- ❑ A “Verification of Clinical Social Work and Mental Health Therapy Training For Licensure As A Clinical Social Worker” form.

You do not have to complete this form if you are applying for licensure by endorsement.

- ❑ A copy of the original score report from the testing agency documenting your passing score on the ASWB Clinical Examination.

If you passed the ASWB Clinical Examination in another state, use the **A**Request For Verification of License form to document your passing scores.

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

- ❑ A copy of the original letter from Experiior documenting passing score on the Utah Social Work Law, Rules and Ethics Examination.
- ❑ Submit the \$75.00 non-refundable application processing fee for a clinical social worker license.

4. If you are applying for licensure by endorsement, submit the following documents and fees.

- ❑ Using the “Request For Verification of License” form, obtain verification of licensure from every state in which you are currently licensed documenting at least 2 years of licensure.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to the Division or return them to you for submission with your application.

- ❑ A copy of the original letter from Experiior documenting passing score on the Utah Social Work Law, Rules and Ethics Examination.
- ❑ Submit the \$75.00 non-refundable application processing fee for a clinical social worker license.

Additional Important Information:

1. **Law and Rules Exam:** Applicants for licensure must pass the Utah Social Work Law, Rules and Ethics Examination. Contact Experiior at the address and telephone number below to register for the law examination.
Experiior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

You may also purchase a study guide from Experiior, which has been prepared to assist candidates taking law exam.

In addition, the following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/dopl/dopl1.htm>

- ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Mental Health Professional Practice Act
 - ☐ Mental Health Professional Practice Act Rules
 - ☐ Social Work Licensing Act Rules
2. **ASWB Examinations:** To register to take the ASWB qualifying examination for licensure as a SSW, CSW or LCSW, call toll free: **1-888-5SW-EXAM.**
 3. **Supervised Training for LCSW:** You must complete a minimum of 4,000 hours of clinical social work training in not less than two years. Of these hours, there needs to be 1,000 hours of supervised training in mental health therapy and not less than 100 hours of direct personal face to face supervision.
 4. **Continuing Education:** Beginning January 1st of each even numbered year, persons licensed as an LCSW are required to complete 40 hours of continuing education every two years. Persons licensed as a SSW or CSW are not required to complete continuing education. Please refer to the Social Work Licensing Act Rules for specific requirements.
 5. **License Renewal:** All licenses expire on September 30th of each even numbered year. Renewal notices are mailed to the address of record approximately 4 months prior to the expiration date. Licensees are responsible to keep their address current with the Division.
 6. **Foreign Educated Applicants:** Foreign educated applicants applying for licensure, should have their social work education program reviewed for equivalency by contacting the CSWE "Foreign Equivalency Determination Committee" at (703) 683-8080. Submit the letter of equivalency from CSWE with your license application.
 7. **MSW Graduates With Administrative Track:** If you completed the CSWE accredited masters degree program with the "Administrative Track" instead of the "Clinical Track", you qualify for the CSW license, but you are prohibited from engaging in the supervised or unsupervised practice of mental health therapy and do not qualify for licensure as an LCSW.
 8. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6163
(801) 530-6727

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

BLANK PAGE

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR (Check one):

- ☐ Social Service Worker (SSW)
- ☐ Certified Social Worker (CSW)
- ☐ Clinical Social Worker (LCSW)
- ☐ Clinical Social Worker by Endorsement

EDUCATION REQUIREMENT (Use additional sheets if necessary):

1. Name: _____ Dates Attended: _____ To _____
Location: _____
Degree Received: _____ Date of Graduation: _____
2. Name: _____ Dates Attended _____ To _____
Location: _____
Degree Received: _____ Date of Graduation: _____

IF YOU ARE APPLYING FOR LICENSURE AS A CSW or LCSW:

Answer **AYes@** or **ANo@**

_____ I have an earned master's degree in social work from a Council on Social Work Education (CSWE) accredited program that included a **clinical concentration and practicum** as part of the degree requirements.

If your answer is ANo@ you are prohibited by law from engaging in the supervised or unsupervised practice of mental health therapy even if you have a CSW license.

IF YOU ARE APPLYING FOR A SOCIAL SERVICE WORKER LICENSE:

Answer **AYes@** or **ANo@**

1. _____ I have a bachelor's degree in social work from a CSWE accredited program.
2. _____ I have a master's degree in social work, psychology, marriage and family therapy, or professional counseling.
3. _____ I have completed the first academic year of a master's degree in social work from a CSWE accredited program.
4. _____ I have a bachelor's degree in sociology, psychology, or family sciences **and**

have completed the required 2,000 hours of experience under the supervision of a CSW or LCSW.

5. _____ I have a bachelor's degree in any field **and** have completed the required 2,000 hours of experience under the supervision of a CSW or LCSW **and** have completed 3 hours in full-life human growth behavior **and** 3 hours in abnormal psychology **and** 3 hours in social work value and ethics **and** 3 hours in social welfare or social welfare policy **and** a social work practice methods course.
6. _____ I have a bachelor's degree in any field **and** have completed an equivalent training program previously approved by the Division **and** have completed the required 2,000 hours of experience under the supervision of a CSW or LCSW.

EXAMINATION REQUIREMENT:

Answer **AYes@** or **ANo@**

_____ ASWB Clinical Exam, Date Taken: _____

_____ ASWB Advanced Exam, Date Taken: _____

_____ ASWB Intermediate Exam, Date Taken: _____

_____ ASWB Basic Exam, Date Taken: _____

_____ Other, please specify _____

_____ Utah Social Work Law, Rules, and Ethics Exam, Date Taken: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any health care profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

PROFESSIONAL EXPERIENCE FOR LICENSURE AS AN LCSW BY ENDORSEMENT

Answer **AYes@** or **ANo@**

_____ I have completed 4000 hours of active practice as a licensed clinical social worker, including mental health therapy, within the past 3 years.

Please list your most recent position first. Attach additional pages if necessary.

1. Position: _____
Organization: _____
Address: _____
Phone No: _____
Name/Telephone of Responsible Individual Who Can Verify Work
Experience: _____

Inclusive Dates of Experience: From: _____ To _____
Clinical Social Hours Worked Each Week: _____ Total Hours Worked: _____
Mental Health Therapy Hours Worked Each Week: _____ Total Hours Worked: _____
Primary Responsibilities and Activities: _____

2. Position: _____
Organization: _____
Address: _____
Phone No: _____
Name/Telephone of Responsible Individual Who Can Verify Work
Experience: _____

Inclusive Dates of Experience: From: _____ To _____
Clinical Social Hours Worked Each Week: _____ Total Hours Worked: _____

Mental Health Therapy Hours Worked Each Week: _____ Total Hours Worked: _____

Primary Responsibilities and Activities: _____

3. Position: _____

Organization: _____

Address: _____

Phone No: _____

Name/Telephone of Responsible Individual Who Can Verify Work

Experience: _____

Inclusive Dates of Experience: From: _____ To _____

Clinical Social Hours Worked Each Week: _____ Total Hours Worked: _____

Mental Health Therapy Hours Worked Each Week: _____ Total Hours Worked: _____

Primary Responsibilities and Activities: _____

SOCIAL WORK QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

12. ____ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. ____ Have you been named as a defendant in a malpractice suit?
14. ____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
15. ____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
16. ____ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
17. ____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. ____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. ____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
20. ____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer “yes” to question 19 or 20 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

21. ____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
22. ____ Have you ever been terminated from a position because of drug use or abuse?
23. ____ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:_____

Date of Signature:_____

Printed Name of Applicant_____

BLANK PAGE

Division of Occupational & Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-06741
Fax: 801 530-6511

VERIFICATION OF SUPERVISED EXPERIENCE FOR LICENSURE AS A SOCIAL SERVICE WORKER

**TO BE COMPLETED BY THE CLINICAL OR CERTIFIED SOCIAL WORKER
SUPERVISOR:**

Name of Applicant (person being supervised): _____

Name of CSW or LCSW Supervisor: _____

Supervisor's CSW or LCSW Lic. No.: _____

Name of Facility Where CSW or LCSW Supervisor Works: _____

Address of Facility: _____

Phone No.: _____

Describe your CSW or LCSW duties and responsibilities: _____

Is the applicant an employee of the agency where supervision took place? Yes _____ No _____

Name of facility where social work training took place: _____

Address of Facility: _____

Phone No.: _____

Did supervision take place at your place of employment? Yes _____ No _____

If supervision did not take place at your place of employment, describe how you were able to provide supervision:

Inclusive Dates of Supervision: From _____ to _____

Number of hours applicant worked each week: _____ Total Hours Worked: _____

I do hereby certify that the applicant for licensure as a social service worker has successfully completed the above hours of a post-graduate supervised qualifying experience or the above hours of a supervised social work activity.

I further certify that the applicant:

_____ is qualified and competent to practice as a licensed social service worker.

_____ is not qualified and competent to practice as a licensed social service worker, please explain the nature of the problem and recommendation for remediation. Attach additional sheets if necessary.

Signature of Supervisor: _____

Date of Signature: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801 530-6511

VERIFICATION OF CLINICAL SOCIAL WORK AND MENTAL HEALTH THERAPY TRAINING FOR LICENSURE AS A CLINICAL SOCIAL WORKER

TO BE COMPLETED BY THE CLINICAL SOCIAL WORKER SUPERVISOR:

Name of Applicant: _____

Lic. No. of Applicant: _____

Name of LCSW Supervisor: _____

Supervisor's LCSW Lic. No.: _____

Date Supervisor was Licensed as an LCSW: _____

Expiration Date of Supervisor's LCSW License: _____

Work Address of LCSW Supervisor: _____

Phone No. of LCSW Supervisor: _____

Number of years of full time experience as an LCSW prior to beginning supervision: _____

Describe your duties and responsibilities in your current position as an LCSW supervisor:

List the name and license number of other CSW=s you currently supervise:

Is the applicant you supervise an employee of the agency where supervision took place?

Yes _____ No _____

Name of facility where the clinical social work and mental health therapy training took place:

Address of Facility: _____

Phone No.: _____

Describe the duties and responsibilities of the CSW:

Did supervision take place at your place of employment? Yes _____ No _____

If supervision did not take place at your place of employment, describe how you were able to provide supervision in accordance with the supervisor requirements set forth in statute and rule.

Inclusive Dates of Supervision: From _____ to _____

Total hours of supervised training in clinical social work: _____

Total hours of supervised training in mental health therapy: _____

Total hours of direct personal face to face supervision: _____

I do hereby certify that the applicant for licensure as a clinical social worker satisfactorily completed the above hours.

I further certify that the applicant:

_____ is qualified and competent to practice mental health therapy as a licensed clinical social worker.

_____ is not qualified and competent to practice mental health therapy as a licensed clinical social worker, please explain the nature of the problem and recommendation for remediation. Attach additional sheets if necessary.

Signature of Supervisor: _____

Date of Signature: _____

BLANK PAGE

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the State of Utah as a _____

I am/have been licensed in your State under the name _____

My Social Security Number is _____

My Date of Birth is _____

My license number in your State is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed: ____ Yes ____ No, please elaborate _____

Licensed By: _____

____ Exam, Type: _____ Date: _____

____ Endorsement, From What State: _____

Examination Scores:

ASWB Basic: _____ Date: _____

ASWB Intermediate: _____ Date: _____

ASWB Advanced: _____ Date: _____

ASWB Clinical: _____ Date: _____

Other: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

____ No

____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)